

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST	717po 01 1 11		·
NAME (Last)	(First)	(Middle)	TELEPHONE
Barta	Steven	Tom	.808-533-7330
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 3405			808-521-0099
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			
MAILING ADDRESS (Street)			FAX
(City)	(State)	(State) (Zip Code)	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Lynn Ramer	303-740-6117		
MAILING ADDRESS (Street)	FAX		
7755 E. Quincy Avenue	N/A		
(City)	(State)	(Zip Code)	
Denver	Colorado	80237	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Steven T. Barta	808-533-7330		
MAILING ADDRESS (Street)		FAX	
1188 Bishop Street, Suit	808-521-0099		
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
☐ Agriculture	☐ Education	☐ Human Services	Science, Technology & Economic Development			
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	C Tourism & Recreation			
Consumer Protection & Commerce	☐ Hawalian Affairs	☐ Labor & Employment	Transportation			
Culture, Arts, Historic Preservation	☐ Health	 Planning, Land & Water Use Management 	Other: (Indicate below)			
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections				
PART IV CERTIFICATION	OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.						
J. But			2/26/07			
(Signature of Lobbyist) (Date)						
PART V AUTHORIZATIO	NTOLOPPY					
NAME	ON TO LOBBY TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED					
	Ms.					
Lynn Ramer		IVIS.				
NAME OF ORGANIZATION (if applicable)			TELEPHONE			
N/A			303-740-6117			
MAILING ADDRESS (Street)			FAX			
7755 E. Quincy Avenue T-26			N/A			
(City)	(State)		(Zip Code)			
Denver	Colorado		80237			
I hereby authorize the above - pamed person to engage in lobbying activities on behalf of the undersigned.						
Lynn M. Kamer			2-20-07			
(Signature of Authorizing Officer or Person Represented)		(Date)				